

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) UCSD0-078-2
In re Application of Edward Dennis		
Application Number 09/493,601		Filed 01/28/00
For Human Lysophospholipase		
Group Art Unit 1652	Examiner Saidha, T.	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

☐ One month (37 CFR 1.17(a)(1)) \$ \_\_\_\_\_

☐ Two months (37 CFR 1.17(a)(2)) \$ \_\_\_\_\_

☒ Three months (37 CFR 1.17(a)(3)) \$ 920.00

☐ Four months (37 CFR 1.17(a)(4)) \$ \_\_\_\_\_

☐ Five months (37 CFR 1.17 (a)(5)) \$ \_\_\_\_\_

☒ Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 460.00 .  
A small entity statement under 37 CFR 1.27:

☐ is enclosed.

☒ has already been filed in this application.

☒ A check in the amount of the fee is enclosed.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☐ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number \_\_\_\_\_. I have enclosed a duplicate copy of this sheet.

I am the ☐ assignee of record of the entire interest.

☐ applicant.

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a). \_\_\_\_\_

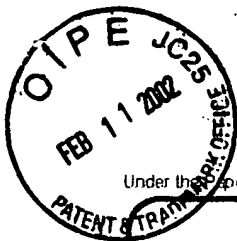
01/25/02  
Date

William C. Fuess  
Signature

William C. Fuess  
Typed or printed name

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PTO/SB/17 (2/98)  
Approved for use through 9/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

## FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. §§ 1.21 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$) 460.00

### Complete if Known

Application Number	09/493,601
Filing Date	1/28/00
First Named Inventor	Edward Dennis
Examiner Name	Saidha, T.
Group / Art Unit	1652
Attorney Docket No.	UCSD0-078-2

### METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number   
Deposit Account Name

☐ Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 790	201 395	Utility filing fee	<input type="text"/>
106 330	206 165	Design filing fee	<input type="text"/>
107 540	207 270	Plant filing fee	<input type="text"/>
108 790	208 395	Reissue filing fee	<input type="text"/>
114 150	214 75	Provisional filing fee	<input type="text"/>

SUBTOTAL (1) (\$) 0

#### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
<input type="text"/>	-20**	<input type="text"/> X	<input type="text"/>
<input type="text"/>	-3**	<input type="text"/> X	<input type="text"/>
Independent Claims			
Multiple Dependent			

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 22	203 11	Claims in excess of 20
102 82	202 41	Independent claims in excess of 3
104 270	204 135	Multiple dependent claim, if not paid
109 82	209 41	** Reissue independent claims over original patent
110 22	210 11	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	<input type="text"/>
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	<input type="text"/>
139 130	139 130	Non-English specification	<input type="text"/>
147 2,520	147 2,520	For filing a request for reexamination	<input type="text"/>
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	<input type="text"/>
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	<input type="text"/>
115 110	215 55	Extension for reply within first month	<input type="text"/>
116 400	216 200	Extension for reply within second month	<input type="text"/>
117 950	217 475	Extension for reply within third month	<input type="text"/>
118 1,510	218 755	Extension for reply within fourth month	<input type="text"/>
128 2,060	228 1,030	Extension for reply within fifth month	<input type="text"/>
119 310	219 155	Notice of Appeal	<input type="text"/>
120 310	220 155	Filing a brief in support of an appeal	<input type="text"/>
121 270	221 135	Request for oral hearing	<input type="text"/>
138 1,510	138 1,510	Petition to institute a public use proceeding	<input type="text"/>
140 110	240 55	Petition to revive - unavoidable	<input type="text"/>
141 1,320	241 660	Petition to revive - unintentional	<input type="text"/>
142 1,320	242 660	Utility issue fee (or reissue)	<input type="text"/>
143 450	243 225	Design issue fee	<input type="text"/>
144 670	244 335	Plant issue fee	<input type="text"/>
122 130	122 130	Petitions to the Commissioner	<input type="text"/>
123 50	123 50	Petitions related to provisional applications	<input type="text"/>
126 240	126 240	Submission of Information Disclosure Stmt	<input type="text"/>
581 40	581 40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
146 790	246 395	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="text"/>
149 790	249 395	For each additional invention to be examined (37 CFR 1.129(b))	<input type="text"/>

Other fee (specify)

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 460.00

### SUBMITTED BY

Typed or Printed Name

William C. Fuess

Signature

*William C. Fuess*

Date

2/11/02

### Complete (if applicable)

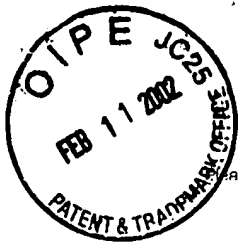
Reg. Number

30,054

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Please type a plus sign (+) inside this box → ☐PTO/SB/21 (12-97)  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/493,601
	Filing Date	1/28/00
	First Named Inventor	Edward Dennis
	Group Art Unit	1652
	Examiner Name	Saidha, T.
Total Number of Pages in This Submission	Attorney Docket Number	UCSD 0-078-2

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Terminal Disclaimer	<div>RECEIVED FEB 21 2002 TECH CENTER 1600/2900</div>
	<input type="checkbox"/> Small Entity Statement	
	<input type="checkbox"/> Request for Refund	
Remarks		
Check replacement. Check must not have been included with response.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	FUESS & DAVIDENAS
Signature	<i>William C. Fuss</i> 30,054
Date	2/11/02

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 2/11/02	
Typed or printed name	Joseph Davidenas
Signature	<i>Joseph Davidenas</i>
Date	2/11/02

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